

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012971

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3123

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **St. Louis**c. CITY
OR
TOWN **Overland**Inside Limits
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **Jewish Hospital**Inside Limits
Yes ☐ No ☐d. STREET
ADDRESS (If outside, give location)
2807 Sims Ave.Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First **MYRTLE**Middle **Rhea**Last **ALLEN**4. DATE
OF
DEATHMonth **March** Day **16** Year **1963**

5. SEX

female

6. COLOR OR RACE

white7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Oct. 26-1886

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired).

at home

10b. KIND OF BUSINESS OR INDUSTRY

housewife

11. BIRTHPLACE (City and state or country)

Clinton Tenn.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Arlen Rhea

13b. MOTHER'S MAIDEN NAME

Suzannah Warfield

14. NAME OF HUSBAND OR WIFE

Ernest C. Allen15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)**no****none**

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Lea Kamman 6112 Richman Ave.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

UremiaINTERVAL BETWEEN
ONSET AND DEATH
2 monthsConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Carcinoma of rectum, metastatic**Several**

DUE TO (c)

154X**years.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

3/13/63 to **3/16/63** and last saw him alive on **3/15/63**.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Oliver S. Wernicke, M.D.

(Degree or title)

22b. ADDRESS

8112 Delmar

22c. DATE SIGNED

3/16/6323a. BURIAL, CREMATION,
REMOVAL (Specify)**Removal**

23b. DATE

3-18-1963

23c. NAME OF CEMETERY OR CREMATORY

Laurel Hill Cemetery

23d. LOCATION (City, town, or county)

St. Louis County Missouri.

24. FUNERAL DIRECTOR

ADDRESS

Lupton Chapel Inc. 7233 Delmar Blv'd.

25. DATE RECD. BY LOCAL REG.

MAR 18 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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*Mr. A. S. Alencher
Jewish Hosp.
Signed on -
Free Mon. A.M.*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.